Gender Incongruence, Depathologisation, and Informed Consent.

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End of the mental disorder model and exchange in clinical responsibility.

- April 2019 World Health Assembly approves the 11th revision to the International classification of diseases.
- Trans related diagnoses were removed from mental disorders.
- New definition of “Gender Incongruence” added for trans and gender non-conforming people, under “conditions related to sexual health”[1].

ICD 11: Gender Incongruence

Gender Incongruence is characterized by a marked and persistent incongruence between an individual´s experienced gender and the assigned sex, which often leads to a desire to ‘transition’, in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual´s body align, as much as desired and to the extent possible, with the experienced gender.

Context for Urgent Reform

- Trans people suffer unfair health burdens from unmet needs for hormone therapy, including suicidality.[2]
- Trans and gender non-conforming people report avoiding health services due to complex barriers[2], and unmet need for hormone therapy inhibits all of body health.[3 4]
- Trans patients report experiencing insurmountable barriers to care.
- Education for Australian clinicians around trans healthcare is not readily available.

Integration and Informed Consent

Implications for healthcare providers

- Exchange in clinical responsibility
- Service integration provides better health outcomes
- Improved clinical and therapeutic relationships

Implications for trans and gender non-conforming people

- Improved access to life saving treatments
- De-stigmatisation
- Informed Consent and Self Determination

Therapeutic psychiatric care can now proscribed in addition to hormone therapy – rather than in competition with it.

Defects within the traditional psychiatric assessment model

- Psychological distress is not a universal feature of gender incongruence, and is rather a result of societal non-acceptance and discrimination.
- Creates conflict in the goals of mental health treatment between the therapist and the client, corrupting the therapeutic relationship.[5]
- Creates unnecessary barriers on lifesaving treatment.
- Denies opportunities for self determination.

Informed Consent and Depathologisation

- Use patients preferred name and pronouns[6]
- Establish individual goals, and apply multi-disciplinary care where possible[7 8 9].
- Full health history taken, including risk factors for HRT.
- Impacts of hormone therapy are explained to them.
- Patient is lawfully capable of informed consent, and consent is documented.

Hormone therapy intends to reduce gender incongruence and distress by aligning physical appearance with gender identity.

Documenting Informed Consent for Treatment or Referral

- Patient is lawfully capable of providing informed consent; including no serious cognitive impairment or acute mental health.
- Therapeutic mental health referral remains advisable in addition to hormone therapy.
- Self-determined or self-identified as transgender, non-binary, or gender non-conforming. Consider recording cultural identities.
- Any history of gender identity.
- No history of liver or heart failure, blood disease, cancer, endocrine disorders.
- Consider written consent form.[7]

Multidisciplinary care

- Peer support groups
- Mental health
- Fertility services – Sperm / Egg freezing
- Endocrinology for serious health concerns
- Speech pathology
- Hair removal
- Dietician

Resources for Trans Health:

- Equinox Clinic[7]
  - https://equinox.org.au/resources/
    - Equinox Informed Consent Guidelines
    - HRT prescribing guide for GPs (June 2019)
- Callen Lorde[8]
  - https://callen-lorde.org/transhealth/
    - Protocols for the provision of hormone therapy
- Australian Professional Association for Trans Health
  - https://auspath.org/
- Position Statement in the MJA[9]
  - https://onlinelibrary.wiley.com/doi/abs/10.5694/mja2.50259

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- [2]Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A. 2017. Trans Pathways: the mental health experiences and care pathways of trans young people.
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- [4]Samuels EA, Tape C, Garber N, et al. “Sometimes you feel like the freak show”: a qualitative assessment of emergency care experiences among transgender and gender-nonconforming patients.
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- [6]Russel S, Pollit A, Li G, Grossman A. 2018. Chosen name use is linked to reduced depressive symptoms, suidical ideation and suicidal behaviour among transgender youth.
- [7]Equinox Gender Diverse Health Centre. Hormone Replacement Therapy Prescribing Guide for General Practitioners. Melbourne: Thorne Harbour Health (formerly Victorian AIDS Council), 2019.
- [8]Callen-Lorde Community Health Centre. Protocols for the Provisions of Hormone Therapy. New York: 2018
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